



Dublin City School District

Students
5111 F6
Revised 2/25/11

Parent Right-to-Know Form

Student Name: _____ Date: _____

School: _____ Grade: _____

Please complete either PART I or PART II below and have your signature notarized by a Notary Public.

PART I: NOT LEGALLY DIVORCED OR SEPARATED

I hereby certify that as of this date I am not legally divorced nor am I legally separated from my spouse. I understand that both parents' names shall appear on all school records until legal documentation which has been signed by the judge is provided to the school indicating that custody of this student has been awarded to one of the parents.

Parent's Signature

Date

PART II: PARENTS NOT MARRIED AT TIME CHILD WAS BORN

The parents of this child were not married at the time the child was born.

Mother's Signature

Date

Sworn to before me and signed in my presence this ____ day of _____, 20__.

Notary Public

Dublin City Schools
Records Compliance Office
7030 Coffman Road
Dublin, OH 43017-1068
(614) 764-5913